

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

01699

166

1. PLACE OF DEATH:

County GarrettCity or town Oakland, Maryland.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Oakland, Md.
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Leo Kenneth Broadwater.

3. (b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

MaleWhiteSingle

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20th, 1947.8. AGE: Years Months Days If less than one day
0 9 9 hrs. min.9. Birthplace Deer Park, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Freeman Broadwater,13. Birthplace Swanton, Md.14. Maiden name Yvonne Bridges.15. Birthplace England.16. Informant Freeman Broadwater.Address Oakland, Maryland.17. Burial Date thereof March 2d/48.
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Dry Run Cemetery.Location Near Swanton, Md.18. Funeral director Emory D. Bolden,Address Oakland, Md.19. 3/2/48 Julia Rowan
(Date rec'd by registrar) (Signature) Registrar

MEDICAL CERTIFICATION

P.M.

20. DATE OF DEATH February 29th 19 48 11:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

29 Feb19 48 to29 Feb19 48and that I last saw him alive on 29 Feb 19 48

Immediate cause of death

Probable Pneumonia

DURATION

3-4 hrs.Due to Upper Respiratory
Infection (Croup)1 week?

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Thomas J. Lusby M.D.
M. D. or otherAddress Oakland, Md Date signed 2 March 48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 7 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 172

01700

1. PLACE OF DEATH:

County **Garrett**
City or town **Rural- Vindex**
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? **48yrs.**
Hospital, institution, or street address where death occurred:
1 Mile West
How long in hospital or institution? **27 yrs**

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State **Maryland** County **Garrett**
City or town **Rural- Vindex**
(If outside city or town limits, write RURAL and give nearest town)
1 Mile West
Street No.
(If rural, give LOCATION)
no
2.(a) If veteran, name war.....

3.(a) FULL NAME

Walter Fike

3.(b) Social Security Number

216-01-4821

4. Sex **Male** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Married**
6.(b) Name of husband or wife **Martha Tilda McRobie**
7. Birth date of deceased (mo., day, yr.) **October 19, 1877** 8.(c) If alive, give age **66** years
8. AGE: Years **70** Months **3** Days **29** If less than one day
.....hrs.min.

9. Birthplace **Markleysburg, Preston Co., W.Va.**
(Town, county, and state)

10. Usual occupation **Miner**
Coal Mines

11. Industry or business **Henry Fike**

12. Name **Henry Fike**

13. Birthplace **Markleysburg, W.Va.**
Martha Savage

14. Maiden name

15. Birthplace **Altamont, Md.**

16. Informant **Erba Fike**

Address **3807 5th.St., Baltimore, Md. 25**

17. Burial **Burial**

Date thereof **Feb. 20, 1948**
(month) (day) (year)

Cemetery or crematory **Deer Park Cemetery**

Location **Deer Park, Md.**

18. Funeral director **Otha F. Sharpless**

Address **Blaine, W.Va.**

19. **2120** **48** **W. B. Russell**
(Data rec'd by registrar) Registrar

MEDICAL CERTIFICATION

Feb. 17 **48** **5p.**

20. DATE OF DEATH..... 19..... at..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 27 19**47** to **Feb** 19**48**

and that I last saw him alive on **Jan 16** 19**48**

Immediate cause of death

Arteriosclerosis

Chronic myo carditis

Due to **Chronic Emphysema**

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE **Thomas Reuser, M.D.**

M. D. or other

Address **Westport Md.** Date signed **2-19-48**

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 26 1948

BUREAU V. S.

Reg. Dist. No. 162

1. PLACE OF DEATH:

County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?.....
Hospital, Institution, or street address where death occurred:.....
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Garrett
City or town Rural - Frostburg
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Carrie Durst Garlitz

3. (b) Social Security Number

none

4. Sex	5. Color or race	6.(c) Single, married, widowed, or divorced	
Female	White	Widowed	
6.(b) Name of husband or wife Freeman Garlitz			
7. Birth date of deceased (mo., day, yr.)		6.(c) If alive, give age	
June 25, 1883		years	
8. AGE:	Years	Months	Days
	64	7	29
			If less than one day
			hrs. min.

9. Birthplace..... New Germany, Garrett, Md.
(Town, county, and state)

10. Usual occupation..... housewife

11. Industry or business..... home

FATHER	12. Name.....	Augustus Durst,
	13. Birthplace.....	unknown
MOTHER	14. Maiden name.....	Nancy McKenzie,
	15. Birthplace.....	Pennsylvania

16. Informant.....Mrs. Pauline Martumas,
Address.....Minersville, Pa.

17. Burial Date thereof Feb. 27, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory St. Anne's Cemetery
Location Avilton, Md.

18. Funeral director..... J. R. Durst,
Address..... Frostburg, Md.

19. Feb 25- 19. 48 Ethel B. Raduati
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH Feb 24 1945 at 1:00 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 04/16/17 1948, to 07/24/1948 and that I last saw her alive on 07/20/1948

Immediate cause of death	DURATION
Cerebral Hemorrhage	1 1/2 yrs

Due to.....	
Due to.....	
Other condition.....	

(Include pregnancy within 3 months of death)

Major findings of operations.....Date of op.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE N. K. Davis M.D.
M. D. or other
Address 2 Grantville Date signed Feb 26

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 27 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1318 01702 162

1. PLACE OF DEATH:

County Garett
 City or town Accident
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md County Garett
 City or town Accident
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Neuton Gies

3. (b) Social Security Number

None

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

MWWidowed6.(b) Name of husband or wife Catherine Gies

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 24-18668. AGE: Years Months Days If less than one day
81 I I4 hrs. min.9. Birthplace R.D. Accident Md
 (Town, county, and state)10. Usual occupation Carpenter

11. Industry or business

12. Name William Gies13. Birthplace R.D. Accident Md14. Maiden name Catherine Duggon15. Birthplace R.D. Accident Md16. Informant Mrs F.C. DiehlAddress Grantsville Md17. Burial Date thereof 2-9- 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory AccidentLocation Accident Md18. Funeral director Wm WinterbergAddress Grantsville Md19. Feb 8 19 48 Edna Broadwater
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7 19 48 at 6.45 a.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
November 19 47 to Feb 3 19 48
 and that I last saw him alive on February 3 19 48

Immediate cause of death

Uremia

DURATION

6 moDue to Chronic nephritis15 years

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Melton Tappan M.D.

M. D. or other

Address Friendsville, Md Date signed Feb 7, 1948

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 10 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 01703/6

1. PLACE OF DEATH:

County... Garrett
 City or town... Mt. Lake Park, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... four years.
 Hospital, institution, or street address where death occurred:
Keiser Nursing Home.
 How long in hospital or institution?...

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Garrett
 City or town... Oakland, Maryland.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Joseph Peter Helbig.

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Widower.

6. (b) Name of husband or wife... Ella Hart Helbig.
Deceased7. Birth date of deceased (mo., day, yr.) September 25th, 18628. AGE: Years Months Days If less than one day
85 4 25hrs.min.9. Birthplace... Oakland, Maryland.
 (Town, county, and state)10. Usual occupation... Retired Painter.

11. Industry or business

12. Name John Helbig.
 13. Birthplace Germany.14. Maiden name... Mary Brinkman.15. Birthplace Germany.16. Informant... Mr. Joseph E. Helbig, Jr.Address Oakland, Maryland.17. Burial Date thereof Feb. 22d, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory... St. Peters Cemetery.Location... Oakland, Maryland.18. Funeral director... Emory D. Bolden.
 Address Oakland, Md.19. 2/22/48 19 48 Julius Rowan
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

P.M.

20. DATE OF DEATH February 20th 19 48 at 1:30 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
5. December 19 46 to 19. February 19 48
 and that I last saw him alive on 19. February 19 48

Immediate cause of death

Bandulphum...

DURATION

2 days

Due to

Central thrombosis2 days

Due to

Cerebral sclerosis5 years

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

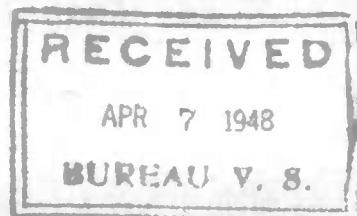
23. SIGNATURE

A. E. Thane

M. D. or other

Address... Oakland, Md. Date signed 24/Feb./48

The certificate was mailed to one of the children
to obtain the Court data and the Certificate
was mis-mailed.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 017046

1. PLACE OF DEATH:

County Garrett
 City or town Oakland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life time
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Garrett
 City or town Oakland, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Alexander George Hesen.

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married.
 6.(b) Name of husband or wife Florence Carney Hesen.
 7. Birth date of deceased (mo., day, yr.) August 3d, 1894. 6.(c) If alive, give age 50 years
 8. AGE: Years 53 Months 6 Days 14 If less than one day _____ hrs. _____ min.
 9. Birthplace Oakland, Maryland.
 (Town, county, and state)
 10. Usual occupation Garage Owner.

11. Industry or business

12. Name George Hesen.
 13. Birthplace Oakland, Maryland.
 14. Maiden name Elizabeth Detrick.
 15. Birthplace Cumberland, Md.

16. Informant Mrs. Florence Hesen.
 Address Oakland, Maryland.

17. Burial Date thereof Feb. 20/48
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory St. Peters Cemetery.
 Location Oakland, Maryland.

18. Funeral director Emory B. Bolden.
 Address Oakland, Md.

19. 2/20/48 19. Julia G. Rowan
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

P.M.

20. DATE OF DEATH February 17th, 1948 at 8:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 19, 1941 to February 17, 1948
 and that I last saw him alive on February 16, 1948

Immediate cause of death

Coronary thrombosis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE E. O. Baunagar, M.D. M. D. or otherAddress Oakland, Md. Date signed 2/18/48

RECEIVED
FEB 23 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01705

166

Reg. Dist. No.

1. PLACE OF DEATH:

County GarrettCity or town Mt. Lake Park, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Mt. Lake Park, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

Jane S. White Kneass.

3. (b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female White Widow

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Nov. 23d, 1861

6.(c) If alive, give age years

8. AGE: Years Months Days If less than one day

86 2 16 hrs. min.9. Birthplace Cincinnati, Ohio.

(Town, county, and state)

10. Usual occupation Artist11. Industry or business China & Pictures12. Name Joseph White.13. Birthplace Cincinnati, Ohio.14. Maiden name Unknown15. Birthplace Unknown16. Informant Mrs. Grace Alexander.Address Oakland, Md.17. Burial Date thereof Feb. 10th/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Oakland Cemetery.Location Oakland, Md.18. Funeral director Emory P. Bolden.Address Oakland, Md.19. 2/10/48 Julia G. Rowan

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

A.M.

20. DATE OF DEATH February 8th, 19 48 at 5:30 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 22 19 45 to February 7 19 48and that I last saw her alive on February 7 19 48

Immediate cause of death

Bronchio pneumonia.

DURATION

2 daysDue to SkinitisDue to Malnutrition

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

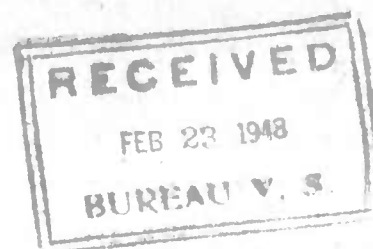
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE AS. Thomas

M. D. or other

Address Oakland, Md. Date signed 9/ Feb. 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01706

Reg. Dist. No. 172

1. PLACE OF DEATH
 County Garrett
 City or town Vindex
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 13yrs
 Hospital, institution, or street address where death occurred:
Upper track
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Garrett
 City or town Vindex
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Upper track
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME Carl Paugh

3. (b) Social Security Number
212-07-2403

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife
 7. Birth date of deceased (mo., day, yr.) November 13, 1897 6. (c) If alive, give age..... years
 8. AGE: Years 50 Months 3 Days 5 If less than one day..... hrs. min.

Walnut Bottom, Garrett Co., Md.
 9. Birthplace (Town, county, and state)

10. Usual occupation Miner
Coal Mines

11. Industry or business
 12. Name Otho Paugh
 13. Birthplace Garrett Co., Md.

MOTHER
 14. Maiden name Alice Barnard
 15. Birthplace Garrett Co., Md.

16. Informant Mrs. Virgie Nelson
Vindex, Md.
 Address Burial

17. Date thereof Feb. 21, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
Mt. Zion Cemetery
 Cemetery or crematory Mt. Zion, Garrett Co., Md.
 Location Otha F. Sharpless

18. Funeral director Blaine, W. Va.
 Address

19. 2/20/48 19. 48 W. H. Barrick
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH Feb. 18 48 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 10. 19.
 and that I last saw him Dead on arrival alive on 19.

Immediate cause of death Heart Central Hemiparesis
 DURATION

Due to Hypertension
 Due to

Other conditions Post cerebral hemorrhage with right sided paralysis
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Ralph Calandella md
 M. D. or other 1st grader md
 Address..... Date signed Feb 18 48

RECEIVED

FEB 26 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01707

166

Reg. Dist. No.

1. PLACE OF DEATH:

County... GarrettCity or town... Swanton, Maryland.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life time

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Harry Daniel Pritts.

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married.6. (b) Name of husband or wife... Lena Pritts.7. Birth date of deceased (mo., day, yr.) Sept. 16th, 1891.6. (c) If alive, give age 41 years

8. AGE:

Years

Months

Days

If less than one day

56422

hrs.

min.

9. Birthplace... Swanton, Md.

(Town, county, and state)

10. Usual occupation... Farmer.

11. Industry or business

12. Name... Aaron Pritts.13. Birthplace... Somerset, Pa.14. Maiden name... Virginia Pyle.15. Birthplace... Cumberland, Md.16. Informant... Mrs. Maud King, SisterAddress Swanton, Md.17. Burial Date thereof Feb. 10th/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory... George Cemetery.Location... Near Swanton, Maryland.18. Funeral director... Euroy D. BoldenAddress Chabildon Rd. 2nd.2/10/48 Julia Q. Rowan(Date rec'd by registrar) 19. 48 Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... GarrettCity or town... Swanton, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

214-16-2272

MEDICAL CERTIFICATION

P.M.

20. DATE OF DEATH... February 7th, 1948 at 8:00 M

21. I CERTIFY that death occurred on the date above stated; That I attended deceased from

November 25 19. 47 to February 7 19. 48and that I last saw him alive on February 7 19. 48Immediate cause of death... Coronary occlusion

DURATION

Due to... Coronary Heart Aneur 1 yr.Due to... Angina 6 yrs

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE... A.E. Hume MD

M. D. or other

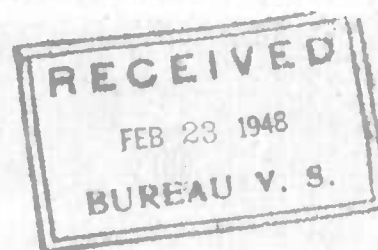
Address... Oakland, Md. Date signed... 9 Feb. 48

MARGIN RESERVED FOR BINDING

9.45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 01748
162

1. PLACE OF DEATH:

County Garrett
City or town Rural - Grantsville, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 years
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett
City or town Rural - Grantsville, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. None
(If rural, give LOCATION)

2(a) If veteran, name war.

3. (a) FULL NAME

Missouri Catherine Stephens

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife James Stephen
6. (c) If alive, give age 70 years
7. Birth date of deceased (mo., day, yr.) June 1, 1885
8. AGE: Years 62 Months 8 Days 14 if less than one day
..... hrs. min.

9. Birthplace Accident - Garrett - Maryland
(Town, county, and state)10. Usual occupation Housewife11. Industry or business None12. Name Christian Bowman13. Birthplace Accident, Md.14. Maiden name Sarah Durst15. Birthplace Rural - Accident, Md.16. Informant Mrs Noah Bittinger (Daughter)Address Akron, Ohio17. Burial Date thereof Feb. 18, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory New GermanyLocation New Germany, Maryland18. Funeral director Max W. TschoppAddress Grantsville, Md.19. Feb 17 48 Edna Broadwater
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16 1948, at 12:30 a.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1947 to Feb 16 1948and that I last saw him alive on Feb 16 1948Immediate cause of death Chronic Myocarditis 2 yrs

DURATION

Chronic Myocarditis 2 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE N. R. Davis M.D. M. D. or otherAddress Grantsville Md. Date signed Feb 17

RECEIVED

FEB 18 1948

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 161

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or survival, Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19 48

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 21 19 48 at 8 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 1, 1940 to Feb. 23, 1948 and that I last saw him alive on Feb. 2, 1948

Immediate cause of death

Coronary Thrombosis

DURATION

10 min.

Due to Arteriosclerosis

Due to

Other conditions Neuritis; arthritis

15 yrs.

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

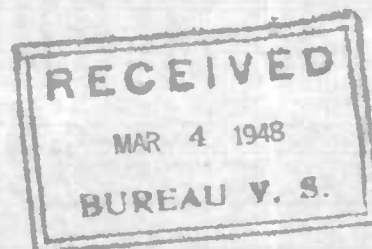
Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Friendsville, Maryland Date signed 2-29-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 01710
163

1. PLACE OF DEATH:

Cowly... *Garrett*
City or town... *Swanton (Rural)*
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? *6 weeks*
Hospital, institution, or street address where death occurred...
5 mi East of Swanton
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State... *Maryland* County... *Garrett*
City or town... *Swanton Rural*
(If outside city or town limits, write RURAL and give nearest town)
Street No. *5 mi East of Swanton*
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Edna Jean Wilt

3. (b) Social Security Number

4. Sex *Female* 5. Color or race *white* 6. (a) Single, married, widowed, or divorced *Single*

8. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) *Dec 19, 1947* 8. (c) If alive, give age years

8. AGE: Years Months Days If less than one day
15 hrs. min.

9. Birthplace *Rupert, Mineral, W. Va*
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name *Frank E. Wilt*

13. Birthplace *Swanton Maryland*

14. Maiden name *Hilda Bettenger*

15. Birthplace *Middlebush, Maryland*

16. Informant *Frank E. Wilt*

Address *Swanton, Maryland*

17. *Burial* Date thereof *Feb 6, 1948*
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory *John Beckman Cemetery*

Location *Frankville, Md*

18. Funeral director *Ellsworth S. Boal*

Address *Westport, Maryland*

19. *Feb 16* 19 *48* *Dorsey Patton*
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *February 4* 19 *48* at *4:00* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *11:00* after death

and that I last saw him alive on *19*

Immediate cause of death *Asphyxiation*

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide *accident* Date of *2/4/48*

Where did injury occur? *near Swanton* (City or town) *Garrett* (County) *MD* (State)

Injured at home, farm, industry, public place (where?) *Home*

Manner of injury *suppression* Injured at work? *no*

23. SIGNATURE *Edna Jean Wilt* M. D. or other

Address *Dalland MD* Date signed *2/4/48*

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully and correctly. It is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 017111
166

1. PLACE OF DEATH:

County Garrett
City or town Oakland, Maryland.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett
City or town Oakland, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

Carlyn Fannie Wolford.

3. (b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female

White

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) February 4th, 1948.
6.(c) If alive, give age _____ years

8. AGE: Years Months Days If less than one day
0 0 10 _____ hrs. _____ min.

9. Birthplace Oakland, Maryland.
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Hess Wolford.13. Birthplace West Virginia.14. Maiden name Edith May Shetts.15. Birthplace Wendle, W. Va.16. Informant Hess Wolford.Address Oakland, Md.

17. Buried Date thereof Feb. 14/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dry Fork Cemetery.Location Dry Fork, W. Va.18. Funeral director Emory D. BoldenAddress Oakland, Md.

19. 2/14/48 19 48 Julia A. Kowas
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

A.M.

20. DATE OF DEATH February 14th, 19 48 at 5:05 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12 Feb 19 48 to 14 Feb 19 48
and that I last saw him/her alive on 13 Feb 19 48

Immediate cause of death Pneumonia - bronchial DURATION 2 days

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results _____ Date of op. _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

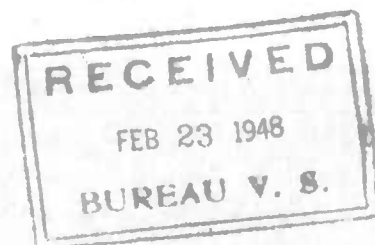
Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE Thomas E. Lusty M.D. M. D. or other _____

Address Oakland, Md. Date signed 16 Feb 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for Charge of
year of birth shown on

FILM No. G 114 FEB 27 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93d

Reg. Dist. No. 166

1. PLACE OF DEATH:

County Garrett
City or town Rural Deer Park
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 50 yrs. this County
Hospital, institution, or street address where death occurred:

How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Rural Deer Park
(If outside city or town limits, write RURAL and give nearest town)
Street No. 6 Mi. So. Deer Park, Md.
(If rural, give LOCATION)

2.(a) If veteran, name war -----

3. (a) FULL NAME

Ethel Hamill Wrightsman

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife John A. Wrightsman
6.(c) If alive, give age 57 years
7. Birth date of deceased (mo., day, yr.) July 1, 1893
8. AGE: Years 53 Months 7 Days 9 If less than one day
----- hrs. ----- min.

9. Birthplace Garrett County, Md.
(Town, county, and state)
10. Usual occupation House Wife
11. Industry or business Own Home
12. Name Robert Hamill
13. Birthplace Garrett Co., Md.
14. Maiden name Lacy Ann Walters
15. Birthplace Garrett Co., Md.

16. Informant Mrs. John Kitzmiller
Address Deer Park, Md.

17. Burial Date thereof Feb. 11, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Pleasant Valley Cemetery
near Mt. Lake Park, Md.
Location -----

18. Funeral director Herbert P. Leighton
Address Oakland, Maryland.

19. 2/11/48 (Date rec'd by registrar) 19. Julia A. Rowan Registrar
Rowan

MEDICAL CERTIFICATION

20. DATE OF DEATH February 9, 1948 at 1:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
1 Dec 1947 to 9 Feb 1948
and that I last saw h. er alive on 9 Feb 1948

Immediate cause of death Cerebral Hemorrhage DURATION 5 hours

Due to Hypertensive cardiac - vascular disease 7 years

Due to -----
Other conditions -----

(Include pregnancy within 3 months of death)

Major findings of operations none Date of op. -----

Autopsy results none
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ----- Date of -----
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) -----
Means of injury ----- Injured at work? -----

23. SIGNATURE Thomas S. Quady M.D. M. D. or other
Address Oakland Md Date signed 10 Feb 48

RECEIVED

FEB 23 1948

BUREAU V. S.